



10/672-338

## PART B - FEE(S) TRANSMITTAL

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51197 7390 05/19/2008

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J. Francisco Tinoco (Signature)  
6/19/08 (Date)

APPLICATION NO	FILING DATE	FILED NAMED INVENTOR	ATTORNEY SOCIETY NO.	CONFIRMATION NO
10672,738	09/25/2003	Octavio T. Rodriguez	078-1-801	0685

TITLE OF INVENTION: HAIR ROOTS COLORING KIT

APPL. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
unprovisional	YES	\$730	\$300	\$0	\$1030	06/19/2008
EXAMINER	ART UNIT	CLASS-SUBCLASS				
JOHNSON, JEROLD D	3773	206-581080				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.33)

a. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached

☐ "Fee Address" indication (or "Fee Address" indication form PTO/SB/122; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list:

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 3 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

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Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
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4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

☐ A check is enclosed.  
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☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number: (provide an exact copy of this form)

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☒ Applicant claims SMALL ENTITY status. See 37 CFR 1.37.☐ Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.21(g)(2)

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PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010

OMB 055-0033

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